



City of Wichita
Housing Services Department



SECTION 8 HOMEOWNERSHIP APPLICATION

Please read the application carefully and supply all required information and documentation. Applications that are incomplete, lacking documentation or are not signed and dated by each applicant, *will be seriously delayed*.

SECTION I - Personal Information

Applicant Name _____ Soc.Sec.# _____ - _____ - _____

Home Ph# _____ Cell/Work Ph# _____

Co-applicant Name _____ Soc.Sec.# _____ - _____ - _____

Home Ph# _____ Cell/Work Ph# _____

Current Address _____ Zip Code _____

How long at this address? _____ Yrs. _____ Months

First and Last Names & ages of those living with you six or more months of each year:

First /Last	Age	First/Last	Age

SECTION II - Previous Homeownership

You must be a first-time homeowner, that is, not owned a home for three years (some exceptions do apply).

Have you ever owned any real estate? _____ If yes, when? _____

SECTION III - Income Verification

Household income must be a minimum of \$10,300 per year. Income counted toward meeting this income requirement **may not include welfare assistance, except** for the elderly or disabled.

Income Source	Monthly Income	One Year	Yearly Income
		x 12	
		x 12	
		x 12	

★ Completed applications will be accepted at the Housing Services Department, ★
★ 332 North Riverview, Wichita, KS 67203 between the hours of 8:00 a.m. and 5:00 p.m. ★

SECTION IV - Employment Information

One or more of the adults in the household ***must work 30 hours per week or more AND be employed steadily for the past 12 months***, unless the primary source of income is from a pension fund, disability benefit or other similar source. If your primary source of income is from employment, please complete the lines below.

Current Job:

Name of adult in household employed at least 30 hours per week _____

Employer Name: _____

Employer Address: _____ Phone : _____

Hours worked per week _____ Begin Date: _____ End Date: _____

Additional or Previous Job:

Name of adult in household employed at least 30 hours per week _____

Employer Name: _____

Employer Address: _____ Phone : _____

Hours worked per week _____ Begin Date: _____ End Date: _____

SECTION V - For Housing Leasing Specialist Use ONLY

1. Verify that applicant is receiving Section 8 Assistance. (Check one) ____ Yes ____ No
2. Applicant's reported annual income is \$ _____.
3. What portion of this income comes from welfare assistance, \$ _____.
4. Applicant's current rental assistance amount is \$ _____.

Signed: _____ Date: _____

SECTION VI - Signature

Please initial each statement if you agree.

_____/I/We certify that the above information provided on household composition, employment and homeownership is true and factual to the best of my knowledge and belief. I understand that by providing false information will constitute a fraudulent action and my (our) application may be denied.

_____/I/We understand that submitting this form does not obligate me (us) in any way, nor does it create any obligation by any other participating party or organization to sell me (us) a house.

_____/I/We hereby authorize any credit reporting agency to release information to the Housing Services Department, City of Wichita, and/or any participating lender for the purpose of verification and mortgage pre-qualification. This information may include information concerning employment history, banking, landlord, mortgage or consumer loan rating, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction. This information will be kept confidential.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____